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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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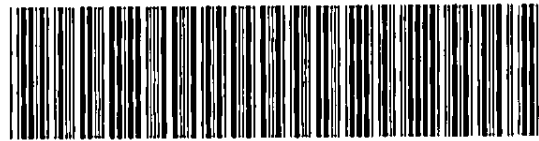
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: R+R RESOURCE RECOVERY + TOWING FOR RECYCLING LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS ERILCO

Name of Person

R+R RESOURCE RECOVERY + TOWING FOR RECYCLING LLC

Firm/Company

2830 US 27 NORTH

Address

AVON PARK, FLORIDA 33825

City/State and Zip Code

SUNDERPRESSURE70X7@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS ERILCO at (239) 440-5114

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R+R RESOURCE RECOVERY + TOWING FOR RECYCLING LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2830 US 27 NORTH
AVON PARK, FLORIDA
33825

Mailing Address:

801 LEELAND HEIGHTS
BLVD WEST
LEHIGH ACRES, FL 33436

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

THOMAS ERRECO
Name

801 LEELAND HEIGHTS BLVD WES
Florida street address (P.O. Box NOT acceptable)

LEHIGH ACRES, FLORIDA 33436-6612
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Thomas Erreco
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR - PRESIDENT

RICHARD PEIRCE

343 DELAWARE RD

LEHIGH ACRES, FLORIDA 33436

MGR - VICE PRESIDENT

RYAN PEIRCE

2858 US 27 NORTH

AVON PARK, FLORIDA 33825

MGR - SECRETARY

CHELSEA PEIRCE

2858 US 27 NORTH

AVON PARK, FLORIDA 33825

MGR - TREASURER

LOGAN PEIRCE

2830 US 27 NORTH

AVON PARK, FLORIDA 33825

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

RESOURCE RECOVERY AND TOWING
FOR RECYCLING, ALSO TO TRANSACT ANY OR ALL
LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF STATE
OF FLORIDA.

REQUIRED SIGNATURE:

Richard Peirce

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

RICHARD PEIRCE

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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